

PROJECT 10073 RECORD

1. DATE - TIME GROUP 07/0900EDT 7 Oct 69 07/2300Z	2. LOCATION Newport News, Virginia
3. SOURCE Civilian	10. CONCLUSION Possible Aircraft
4. NUMBER OF OBJECTS Two (2)	
5. LENGTH OF OBSERVATION 1. 2 minutes 2. 1 minute	11. BRIEF SUMMARY AND ANALYSIS Observer sighted four (4) red lights arranged in a square pattern twice in one night.
6. TYPE OF OBSERVATION Ground-Visual	COMMENTS: It is not clear how far apart the two sightings were. There seems to be no evidence that the sightings could not be of an aircraft.
7. COURSE S to N	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 7 MONTH Oct. YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 05 A.M. P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 05 A.M. P.M.

4. TIME ZONE

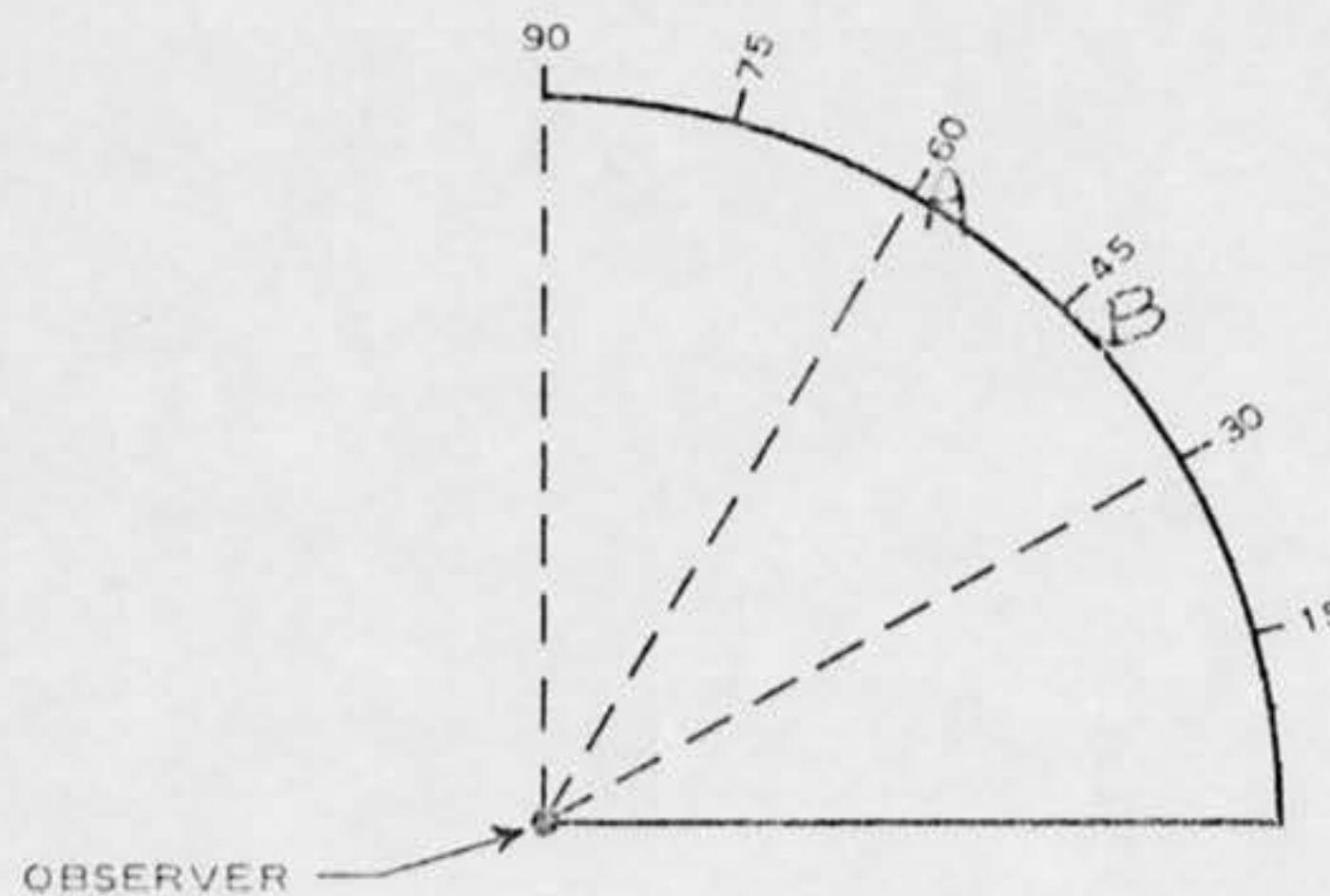
 EASTERN CENTRAL MOUNTAIN STANDARD PACIFIC OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

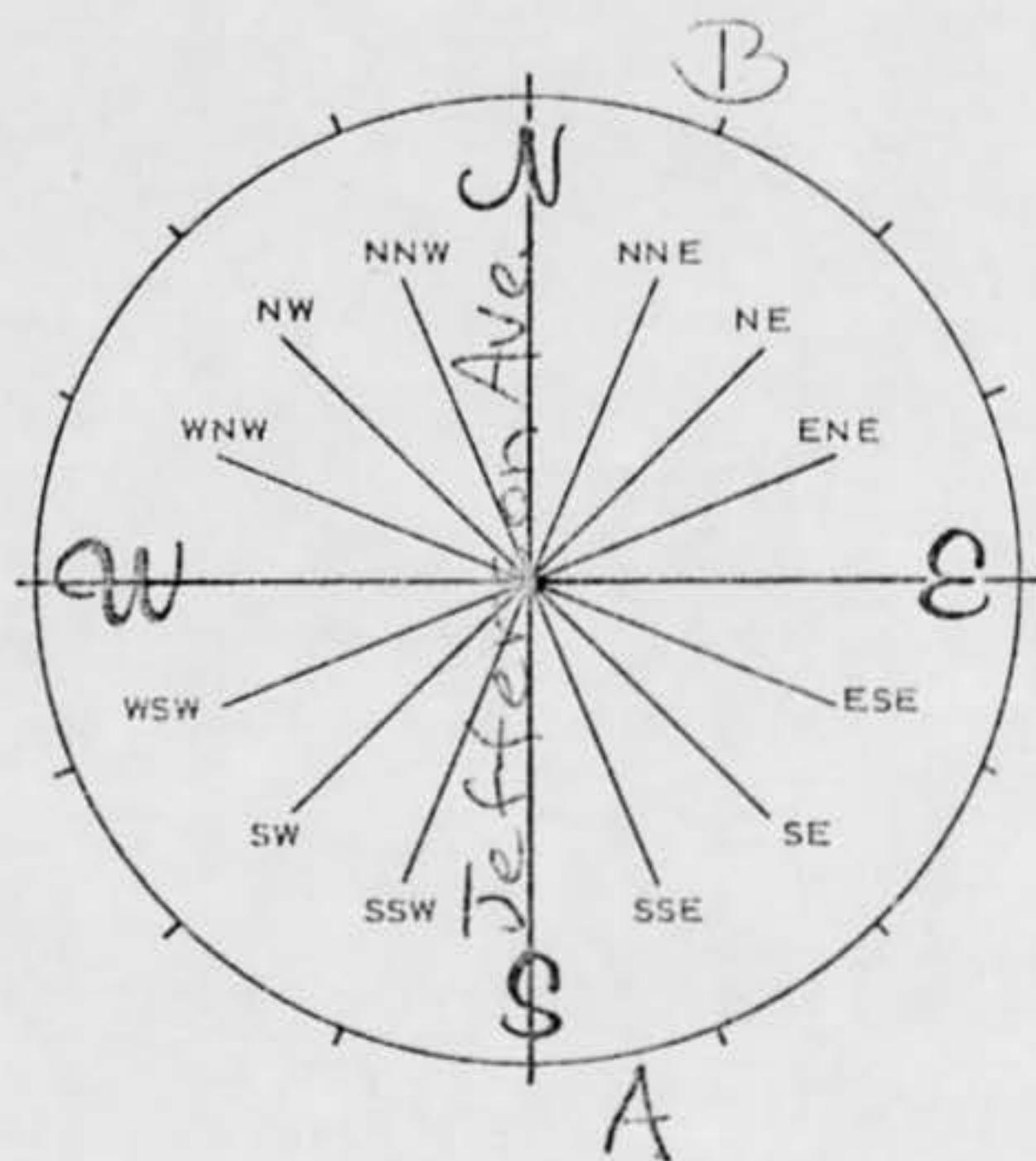
1. When first seen - in front of Miller & Rhoads Dept. Store, Newmarket Shopping Center, facing Wofheimer's Shoe Store (see 6A)

2. Second sighting going north on Jefferson Ave. over King's Dept. Store (see 6B)

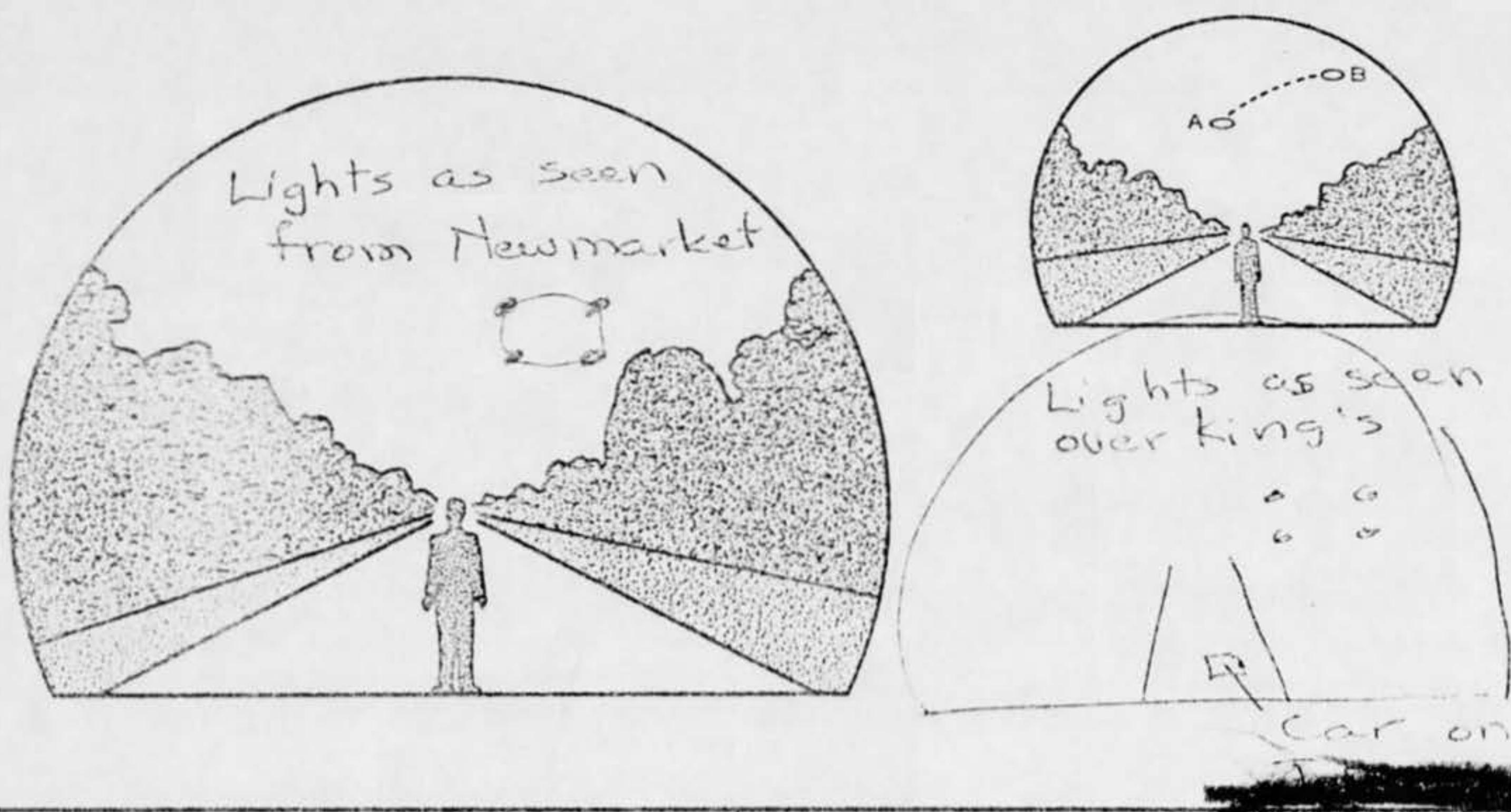
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)									
<input checked="" type="checkbox"/> OUTDOORS <input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY									
<input checked="" type="checkbox"/> IN BUILDING <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY									
<input checked="" type="checkbox"/> IN CAR <input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER <input checked="" type="checkbox"/> IN OPEN COUNTRYSIDE									
<input checked="" type="checkbox"/> IN BOAT <input checked="" type="checkbox"/> NEAR AIRFIELD									
<input checked="" type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER <input checked="" type="checkbox"/> FLYING OVER CITY									
<input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> FLYING OVER OPEN COUNTRY									
<input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> OTHER									
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:									
WHAT DIRECTION WERE YOU MOVING? <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>NORTH</td><td>EAST</td></tr> <tr><td>SOUTH</td><td>WEST</td></tr> <tr><td>NORTHEAST</td><td>SOUTHEAST</td></tr> <tr><td>NORTHWEST</td><td>SOUTHWEST</td></tr> </table> HOW FAST WERE YOU MOVING? <i>5 mph in Newmarket</i>		NORTH	EAST	SOUTH	WEST	NORTHEAST	SOUTHEAST	NORTHWEST	SOUTHWEST
NORTH	EAST								
SOUTH	WEST								
NORTHEAST	SOUTHEAST								
NORTHWEST	SOUTHWEST								
<i>45 mph. on Jefferson Ave.</i> DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.									
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVESED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. <i>Plymouth Fury INT on hard surface road.</i>									
HOW MUCH OTHER TRAFFIC WAS THERE?									
<i>Average or slightly less</i>									
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.									
9. HOW LONG WAS THE PHENOMENON IN SIGHT?									
LENGTH OF TIME	<i>3 Min. 1st Sighting</i> <i>1 1/2 2nd "</i>	<input checked="" type="checkbox"/> CERTAIN OF TIME <input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> NOT VERY SURE <input type="checkbox"/> JUST A GUESS						
HOW WAS TIME DETERMINED?									
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. <i>We simply did not try to keep it in sight. Both sightings were accidental.</i>									

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

Same arrangement of lights seen in two different places.

11. CONDITIONS (Check appropriate blocks.)

A.	SKY	B.	WEATHER
	DAY	CUMULUS CLOUDS (Low fluffy)	FOG OR MIST
	TWILIGHT	CIRRUS CLOUDS (High fleecy or Herringbone)	HEAVY RAIN
✓	NIGHT	NIMBUS CLOUDS (Rain)	LIGHT RAIN OR DRIZZLE
✓	CLEAR	CUMULONIMBUS CLOUDS (Thunderstorms)	HAIL
	PARTLY CLOUDY		SNOW OR SLEET
	COMPLETELY OVERCAST		UNKNOWN
		HAZE OR SMOG	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1)	STARS	(2)	MOON
	NONE	BRIGHT MOONLIGHT	NO MOONLIGHT
	A FEW	MOON WITH HALO	UNKNOWN
	MANY	MOON HIDDEN BY CLOUDS	
✓	UNKNOWN	PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? YES NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (Near noon)
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Street lights, etc.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

It appeared as four points of light. No outline was visible.

The lights were constant. They did not flicker. In both instances of sighting they seemed similarly spaced & of similar brightness.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?	<i>Did not move in a straight line</i>			
STAND STILL AT ANYTIME?				
SUDDENLY SPEED UP AND RUN AWAY?				
BREAK UP IN PARTS AND EXPLODE?				
CHANGE COLOR?				
GIVE OFF SMOKE?				
CHANGE BRIGHTNESS?				
CHANGE SHAPE?				
FLASH OR FLICKER?				
DISAPPEAR AND REAPPEAR?				
SPIN LIKE A TOP?				
MAKE A NOISE?				
FLUTTER OR WOBBLE?				

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Unusual lineup of lights

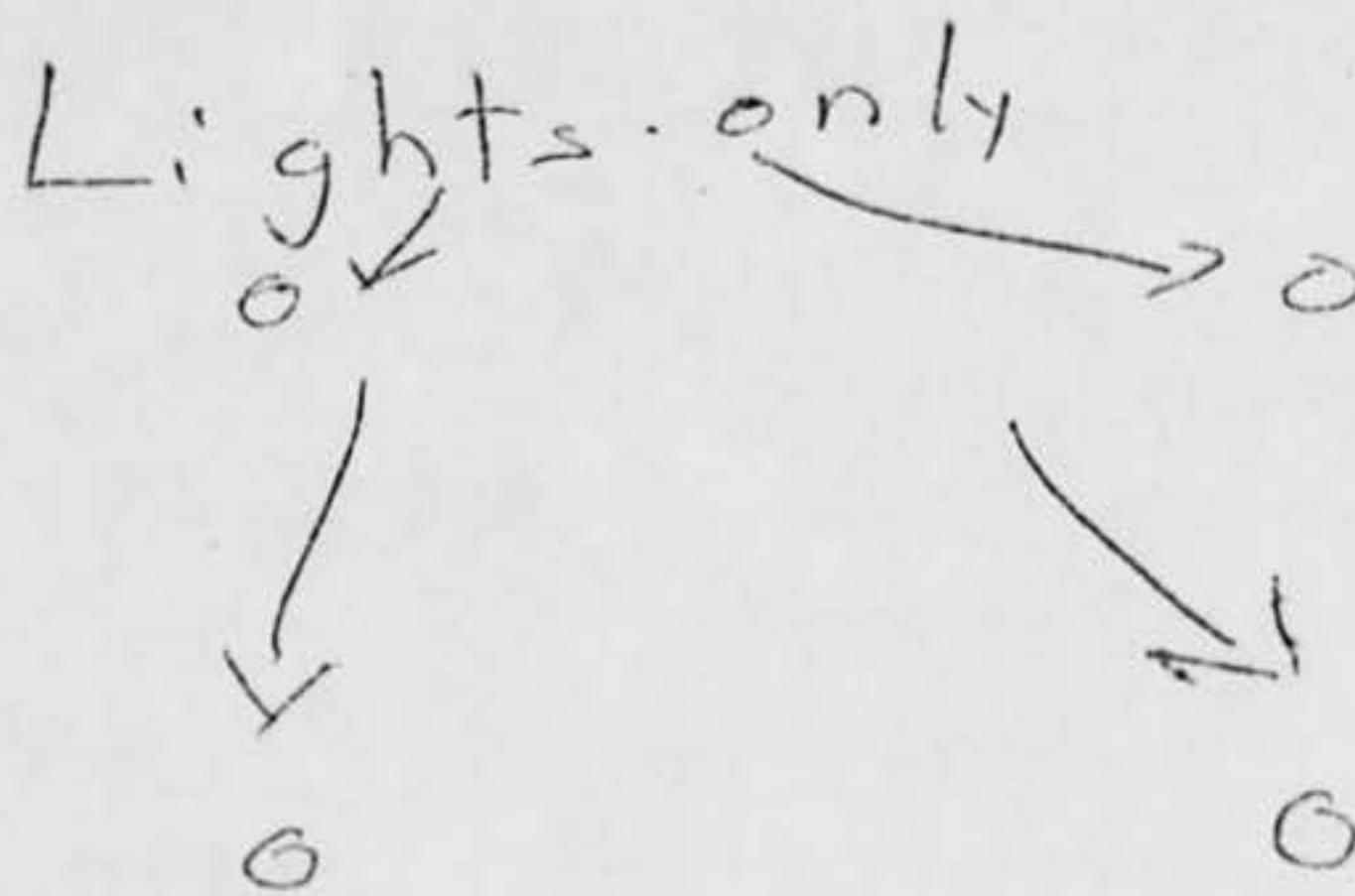
A. HOW DID IT FINALLY DISAPPEAR?

*Did not watch to see
that it did disappear.*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

YES NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? YES NO B. DO YOU USE READING GLASSES? YES NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED. *Did not move.*

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE. *Seem to move.*

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

See 15

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? YES NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. YES NO. IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? YES NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? YES NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

Newport News, Va., 23606

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS

TELEPHONE

47

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING ANY EXPERIENCE WHICH MAY BE PERTINENT.

Occupation: [REDACTED] by [REDACTED]
 [REDACTED] by [REDACTED]
 Church, N.M., Va.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME: Air Force

DAY 7 MONTH Oct. YEAR 1969

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 1 MONTH Nov. YEAR 1969